## **Vendor Application**

## **Piedmont Triad Farmers Market**

2914 Sandy Ridge Rd. Colfax, NC 27235

336.605.9157 Fax: 336.605.9401

This application must be completed, returned to the Market office and approved by the Manager or Assistant Manager before you will be allowed to rent space.

Farmers must also complete a Growers Certification

This application expires December 31<sup>st</sup> of each year. To be considered for space you must submit an application each year. PLEASE PRINT

Owner name:			
Business or Farm name:			
Business/Farm mailing address:			
County:	Street/PO Box	City & State	Zip
Business/Farm physical address:			
County:	Street _	City & State	Zip
Home address:			
County:	Street/PO Box	City & State	Zip
Business or Farm phone #:	F	Iome #:	
□ che	ck box if <u>not</u> to be given to customers	$\Box$ check box if <u>not</u> to be	given to customers
Cell phone # :			_
$\Box$ check box if <u>not</u> to b	e given to customers		
Email address:	Website:		
Emergency contact:			
Name		home/cell #'s	
What area of the market are you		rket Shoppes □ Farmers aft/Baked Goods □ Concess	
got to be			
Goodnes	S Orongo Tro	APPROVED by:	
AGRICULTU	ŘE	DATE:	
,	<b>Page 1 of 2</b>	Office use	

## Farmers do not need to complete this page

Fully describe the type of business. Please list all items to be sold. Use additional pages if necessary. If selling baked goods you must have a home inspection. Call NCDA&CS Food & Drug Protection Division at 919.733.7366 to schedule an inspection. If selling seafood you must provide a Commercial Fisherman's and/or Seafood Dealer's: name, location, contact information, and license number. Amount of space requested \_\_\_\_\_ I have received, read, understood and agree to abide by all Market rules, regulations and guidelines. I understand that my failure to follow the guidelines set forth will result in loss of selling privileges on the Market. Print name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature:

